

WOODFORD COUNTY FISCAL COURT

EMPLOYER'S RETURN OF LICENSE FEE WITHHELD

If no wages were paid this period, mark "NONE" and return this form

1. Salaries, wages, commissions & other compensation paid all employees for services in Woodford County \$ _____
2. Tax Due at - 1.50% \$ _____
3. Adjustment for preceding quarters (past due balances / underpayments) Explain on back of form. _____
4. Penalty (per annum) - 10.00% \$ _____
5. Interest (per annum) - 6.00% \$ _____
6. BALANCE DUE \$ _____

7. Overpayment to be credited to next quarter \$ _____

I hereby certify that the information, schedules, statements and exhibits filed herewith are true and correct.

Signed _____

Official Title _____ Date _____

Account No.



Indicate any name or address change above.

FOR PERIOD ENDING

Month	Day	Year

RETURN DUE ON OR BEFORE

Month	Day	Year

FED ID No.

Make checks payable and mail to:

**WOODFORD COUNTY
FISCAL COURT**
103 SOUTH MAIN ST ROOM 201
VERSAILLES KY 40383

Phone: (859) 873-5701
Fax: (859) 873-0196

*PLEASE MAKE A COPY OF THIS FORM FOR YOUR RECORDS.

Form OCC-3PT Rev. 6/30/05